



CITY OF LEWISTON  
DEPARTMENT OF RECREATION  
65 CENTRAL AVENUE, LEWISTON  
TEL: 513-3005  
Web site: [www.lewistonmaine.gov](http://www.lewistonmaine.gov)  
Blog site: <http://lewrec.blogspot.com>



## SUMMER SKILLS BASKETBALL PROGRAM – 2014

**Basketball Director:** Matt Lampron, five years as Summer Basketball Coach and Winter Basketball Coach.

The Summer Skills Basketball Program will operate on Tuesdays & Thursdays, July 29<sup>th</sup> through August 21<sup>st</sup> from \*5:45 pm to 8 pm (see below) at the Lewiston Memorial Armory, 65 Central Avenue. Participants will receive age appropriate quality instruction in the game of basketball. Instructors will introduce participants to the rules and fundamentals of basketball including dribbling, shooting, passing, offensive drills and defensive skills.

**WHO:** Boys and Girls ages 4 years to 8 years old.

**FEE:** \$35.00 Resident fee. Fee includes Basketball t-shirt  
\$55.00 Non-resident fee. **\$10.00 Administration fee is charged on Refunds**

**WHEN:** Tuesdays & Thursdays, July 29 through August 21, 2014.

**\*Group I – 4 years to 6 years old.**  
5:45 pm to 6:45 pm

**\*Group II – 7 years to 8 years old**  
7:00 pm to 8:00 pm

**REGISTRATION:** Anytime prior to July 29<sup>th</sup> at the: First Come First Served.  
Department of Recreation Office, between 8:00 am and 4:30 pm, Monday through Friday.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Address (different than above) \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shirt Size:	YOUTH:	S	M	L	ADULT:	S	M	L	XL
(please circle)		6-8	10-12	14-16		32-34	36-38	40-42	44-46

The person named herein has been granted permission to participate in the Department of Recreation Summer Basketball Program.

\_\_\_\_\_  
Signature of parent/guardian

Paid: Credit Card – Check – Cash: \_\_\_\_\_ Ck #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**PLEASE READ AND SIGN THE BACK OF THIS SHEET**

### SPORTSMANSHIP\*

As a spectator, I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice. I will remember that this is a childrens' program and coaches are volunteers. I will keep my cheering under control and on the positive side. I will show support for my child's accomplishments and I will never cheer another child's failure (such as an opponent missing a free throw). I will read the parent's Code of Conduct and I will abide by its rules. Any concerns I may have, I will bring to the Parent Representative or Director, or whomever is available, at the appropriate time.

As a player, I will practice good sportsmanship by being courteous to all players, coaches and officials. I will remember that my coach is a volunteer. I will support and encourage my teammates and I will never taunt or laugh at any player on the opposing team or my own. I will respect the referees decisions and learn from it. I will read the player's Code of Conduct and abide by its rules. Any concerns I have I will discuss with my parents and the Parent Representative or Director, or whomever is available, at the appropriate time.

\*Adapted from NYSCA

### CITY OF LEWISTON RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

In the event that said minor is injured or becomes ill while participating in any special event, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child. I understand that the program will attempt to notify me immediately through the telephone number I have provided.

I agree to indemnify and hold harmless the City of Lewiston Department of Recreation; its agents, employees and officers; and the chaperons, leaders, organizers, and sponsors; and persons transporting my child to and/or from this activity, all liability for injuries sustained, arising, and out of or in the course of this activity caused by negligence of others outside the hosting facility, staff, and the City of Lewiston.

\_\_\_\_\_  
Signature of Parent/Guardian

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AS PART OF THE PROGRAM & THAT PHOTO MAY BE PUBLISHED.

\_\_\_\_\_  
Some special medical conditions my child has that you should know about are:

### WAIVER AND RELEASE OF LIABILITY

**DISCLAIMER:** THE CITY OF LEWISTON, ACTING THROUGH THE LEWISTON DEPARTMENT OF RECREATION, IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE LEWISTON RECREATION DEPARTMENT'S PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE LEWISTON RECREATION DEPARTMENT, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation or the above named child participation (if said child is under 18 years of age), and on **behalf of myself and on behalf of the above named child if under 18 years of age, I hereby release** the City of Lewiston and covenant not-to-sue the City of Lewiston., and any of their employees, instructors, or agents, arising out of **any and all present and future claims resulting from any negligence on the part of the City of Lewiston and the Department of Recreation** or others listed for property damage, personal injury, or wrongful death, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the **Department of Recreation** and any of their employees, instructors, or agents, both present and future that may be made by me, my family, estate, heirs, devisees, or assigns.

Further, I am aware that this is a vigorous program involving cardiovascular stress and physical conduct. I understand that the program involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that this program involves a particular high risk of knee, head, and neck injury. In addition, I understand that participation in the Lewiston Department of Recreation. programs involve activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am (or my child) voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the City of Lewiston, Department of Recreation, and others listed of any and all claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any activities incidental thereto, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if any portion is held valid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Maine.

I affirm that I or the parent and/or legal guardian of the above named child if the child is under 18 years of age am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of the Department of Recreation or any of the parties listed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**The City of Lewiston is an EOE. For more information, please visit our website  
@ [www.lewistonmaine.gov](http://www.lewistonmaine.gov) click on Non-Discrimination Policy.**